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Complete and and this form, together with applicable fee(s), to: Mail

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<b>3/</b>			or <u>Fa</u>	x (703) 746-4000	ginia 22515-1450		
MINOTELLICIPAN C. This fo	em should be used for twee	emitting the ICCI			mired) Blocks I through 5	should be completed where	
appropriate All further co indicated unless corrected maintenance fee notificatio	rrespondence including the below or directed otherwise	Patent, advance or in Block 1, by (a	ders and notification of the specifying a n	ation of maintenance fees ew correspondence addres	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for	
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				Sue Ann Ca	rr	(Depositor's name)	
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				March 30,	2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/069,674	02/22/2002		Boris P. Kov	atchev	00438-02	3616	
TITLE OF INVENTION: METHOD AND APPARATUS FOR PREDICTING THE RISK OF HYPOGLYCEMIA							
		<b>3</b> -					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	04/07/2005	
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EXAMINER		ART UNIT		CLASS-SUBCLASS	J		
ASTORINO, MICHAEL C 373				600-300000			
CFR 1.363).	e address or indication of "F	,	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	print or type)	·	·	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	on the patent. If an assignment.	gnee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
University	y of Virginia P	atent Four	ndation,	Charlottesvil	le, Virginia		
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the pate	nt): 🗖 Individual 🔽	Corporation or other private gr	roup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee	e(s):		<del> </del>	
Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0423 (enclose an extra copy of this form).				
	(from status indicated above						
	MALL ENTITY status. See				ALL ENTITY status. See 37 (		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu sublication Fee (if required) vords of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if any) of from anyone of Office.	or to re-apply any previou her than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in	
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Authorized Signature

Typed or printed name Robert J. Decker

March 30, 2005

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Boris P. Kovatchev, et al.

Customer No. 34444

Serial No.

10/069,674

Art Unit: 3736

Filed:

February 22, 2002

Examiner: Michael C. Astorino

Title:

Method and Apparatus for Predicting the Risk of Hypoglycemia

## Certificate of Mailing Under 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service using First Class Service under 37 C.F.R. § 1.8 on the date indicated below and is addressed to Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date: March 30, 2005

## TRANSMITTAL OF ISSUE FEE AND FORMAL DRAWINGS

Mail Stop Issue Fee Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for the above-referenced application, please find Issue Fee Transmittal (PTOL-85).

The Commissioner is hereby authorized to charge the \$700 fee for this submission to Deposit Account No. 50-0423 as well as charge any additional fee due.

Respectfully submitted,

Date: March 30, 2005

Robert J. Decker Registration No. 44,056

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